STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM See Instructions and Privacy STD 262 (REV. 10/92) Statement on Reverse Side Page 1 CLAIMANT'S NAME SSAN OR EMPLOYEE NUMBER Aaron McLear POSITION CB/ID NUMBER DIVISION OR BUREAU Press Secretary Governor's Office RESIDENCE ADDRESS HEADQUARTERS ADDRESS TELEPHONE NUMBER State Capitol CITY STATE STATE Sacramento CA 95814 MEALS TRANSPORTATION MONTH/YEAR LOCATION CARFARE. BUSINESS TOTAL Mar-10 WHERE EXPENSES LODGING INCIDENTALS COST OF TOLLS PRIVATE CAR USE EXPENSE EXPENSES DATE TIME WERE INCURRED BREAKFAST LUNCH DINNER TRANS. TYPE USED PARKING MILES AMOUNT FOR DAY 00 60 13.26 22-Mar 6:15am Sac-LA 349.40 plane 108.00 0.00 470.66 0.00 0.00 0.00 0,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0 (n) 11 (11) 0.00 () ()() SUBTOTALS 0.00 0.00 0.00 13.26 0.00 349.40 0.00 108.00 0.00 0.00COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL \$470.66 PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) NORMAL WORK HOURS Staffed Governor in Southern California. PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED AGENCY ACCOUNTING OFFICE I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of **USE ONLY** California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or PAID BY REVOLVING FUND CHECK NUMBER greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to vehicle sr. ~age CLAIMANT'S SIGNATU DATE SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

SIGNATURE OF T

RITY FOR SPECIAL EXPENSES